Department of Veterans Affairs

Supportive Services for Veteran Families (SSVF) Program
COMPANION GUIDE:
Requests for Program Changes – FY 2017

Contents

INTRODUCTION & CHANGES FOR FY 2017:

All requests for program changes must be submitted to the SSVF Program Office by the Grantee via the GIFTS grants management system. Grantees complete a standardized form for the request and supportive documentation. For FY 2017 the only notable change is that monetary amounts entered for a budget change have been modified to reflect subaccounts in the HHS Payment Management System (Administrative, Services, and Temporary Financial Assistance). This companion guide: provides an overview of this new process and submission deadlines; defines the various types of program changes; and provides instructions for completing the online form.

- Program Changes will be processed by the SSVF Program Office on a quarterly basis; however, Regional Coordinators can give expedited approval to prevent delays in implementation for the following types of changes:
  - Addition/Termination of Subcontractor
  - Service Area Expansion
  - Addition/Removal of Supportive Services
  - Budget Modifications

- Time sensitive requests: Grantees must reach out to their Regional Coordinator to discuss any program change approvals needed outside the quarterly timeline. Your Regional Coordinator will provide further instruction.
  - NOTE: Grantees are still required to submit a program change requirement to the Program Office for final approval.
    - Additionally, HHS subaccount transfers will only be processed on a quarterly basis.

- HHS Subaccount Transfers:
  - The HHS subaccount transfer is incorporated into the budget modification process in GIFTS and changes to your HHS accounts will be made based upon the values entered while completing the program change requirement form.
  - HHS subaccount transfers are processed on a quarterly basis only.

DEFINITIONS OF PROGRAM CHANGE TYPES

Grantees may submit requests for changes to their existing grant agreement. Both significant and non-significant program changes require approval and must be submitted to the Program Office within the designated timelines as outlined in the next section.

- **Significant Program Changes**:
  1. Change in geographic area served;
  2. Addition of a supportive service not included in the original grant;
  3. Removal of a supportive service included in the original grant;
  4. Addition or termination of a subcontractor; and/or
  5. A budget modification greater than 10 percent of the total award amount.

- **Non-Significant Program Changes**:
  1. A budget modification that affects the distribution of funds between HHS PMS subaccounts (e.g. changes funds between Admin, Services, and/or TFA);
  2. Adding new budgeted line items.
  3. Adding new personnel positions.

The key difference between each type of change request is the type of supportive documentation needed for proper review of the request. Fortunately, the "FY 2017 SSVF Change Request Form" provides a simplified way to submit a change request and the integrates the entire process into one online form.

CHANGE REQUEST PROCESS

Grantees may submit requests for program changes through the GIFTS grants management system on a quarterly basis. Grantees can submit the associated requirement form to the Program Office at any time up to 30 days prior to the end of each quarter (see the "Timelines" section for more information). **Please note: the Program Change requirement form will not be available past the submission deadlines listed.** The Grantee begins the request process by opening the "SSVF Program Change" requirement form within the grantee portal of their program's GIFTS account located at http://www.grantrequest.com/SID_2115 . *Submissions sent directly to the SSVF Inbox will not be processed*.

Based on the changes selected within the online form, certain supportive materials will be needed for the Program Office to process the request (described below). The Grantee then attaches the required documents and submits the completed Program Change requirement form to the SSVF Program Office through the grants management system.

REQUIRED SUPPORTIVE MATERIALS FOR SUBMISSIONS

All Program Change requests submitted to the SSVF Program Office must contain the following supportive forms/documents:

- Completed Program Change requirement form within the grants management system.
- Supportive documents to justify the change request such as a new MOU with an added subcontractor or Letter of Termination with a removed subcontractor.

TIMELINES FOR SUBMISSION

Grantees may submit program change requests at any time up to 30 days prior to the end of each quarter. The SSVF Program Office will review and provide a response to the Grantee within 30 days prior to the start of the next quarter.

Deadlines for Submissions:

Quarter	Submission Deadline for Grantees	Response Deadline for Program Office
2	March 1, 2017	March 31, 2017
3	June 1, 2017	June 30, 2017
4	August 15, 2017	September 1, 2017
	September 1, 2017	September 29, 2017

INSTRUCTIONS FOR COMPLETING THE ONLINE FORM

The following pages include detailed instructions for completing the online requirement form provided by the SSVF Program Office: FY 2017 SSVF Program Change.

SSVF Program Change Form

Background: This form was designed to assist Grantees with their Change Request submissions. The SSVF Program Office will use the functionality of this form to track all received change requests. The Program Office can track and prioritize approvals/denials based on the information provided on this form.

Instructions for Completion:

1. To begin, the authorized GIFTS Account Holder for your agency should login to the grantee portal at: https://www.grantrequest.com/SID_2115/

2. If this is the first time you are opening the Program Change form it should appear directly under the Requirements tab that can be selected from the top left-hand portion of the page.

    Note: If you have previously opened the form before, you may need to change the "Show" setting to view in-progress requirements.

3. Once you have opened the form, the Organization's name and Grant Number should be pre-populated along with other information that the SSVF Program Office has on file:

4. The quarter that the Program Change is being requested for should be selected from the drop-down menu. This should be the current quarter (e.g. if you are submitted a request for the 6/1/2017 deadline you should select "Q3").

Service Area Changes:

5. If you wish to change the service area of your program, the appropriate response should be selected from the drop-down menu asking if there is a change. The CoC, County, State, and Justification fields below must also be completed thoroughly while providing all new CoCs/Counties, and justification for the change using current statistics, demand for the new serving area, and a description of outreach attempts in the area.

Service Area:

Current CoCs Served: Current Counties Served:
(AK-500) Anchorage CoC   Philadelphia, Bucks, Chester, Montgomery
   (PA-500) Philadelphia CoC

Select "yes" if changing your service area. If "yes" is not selected the program office cannot process this portion of your request.

* **Are you requesting a change to your geographical service area?**
Please list new CoC(s)/Counties and provide justification for this change using current statistics, demand for serving new area, and a description of outreach attempts in the space below:
No ⌄

Continuum of Care   County, State

Justification

Required information for all service area modifications.

Continuum of Care   County, State

Justification

Change to Services Provided:

6. If you wish to change the services your program provides either by adding or removing a service, the drop-down menu under the appropriate questions to add or remove a service should be marked.

Select "yes" if adding a supportive service.

Add/Remove Supportive Service:

✱ **Are you requesting to add a supportive service not previously included in your FY17 resolution?**
Please select the supportive service from the list below and provide an explanation of the new service:
No

Benefit Type:
Other

Providing Service Directly using SSVF Funds, indirectly via referral, or both directly and indirectly?
Directly

Description of New Service:

Required information for new services.

Select "yes" if removing a supportive service.

✱ **Are you requesting to remove a supportive service?**
Please select the supportive service from the list below and provide a justification for removing service. Answer should describe how service for Veterans will not be negatively impacted by this program change.
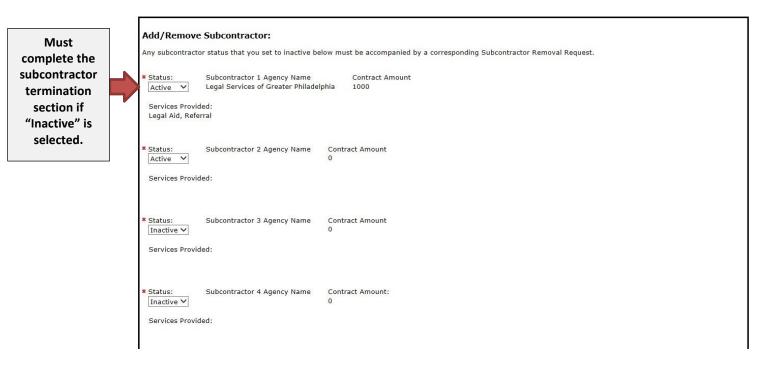No

Benefit Type:
Other

Justification:

Required information for removing services.

7. The addition of a service will require the identification of the type of service to be added, how that service will be provided, and a description of the service. Note: the "Benefit Type" uses the same categories as the Resolution template completed at the beginning of each new grant year (e.g. Income Support Services, Legal Services, etc.).

8. Removing a current service will require the identification of the type of service to be removed, a justification for removing the services, and an explanation for how this change is not going to negatively affect the services for Veterans that the program is currently providing. Note: the "Benefit Type" uses the same categories as the Resolution template completed at the beginning of each new grant year (e.g. Income Support Services, Legal Services, etc.).

Changes to Agency Subcontractor:

9. The next section of the program change form will ask you to verify your current subcontractors. The form is populated with the values that were entered during the Resolution process. If the program is currently using the subcontractor(s) listed, the status box next to their agency name should be marked as "Active". **If you mark a current subcontractor as "Inactive", a corresponding subcontractor removal must be done**.

Must complete the subcontractor termination section if "Inactive" is selected.

Add/Remove Subcontractor:

Any subcontractor status that you set to inactive below must be accompanied by a corresponding Subcontractor Removal Request.

* Status: Subcontractor 1 Agency Name   Contract Amount
Active ∨   Legal Services of Greater Philadelphia   1000

Services Provided:
Legal Aid, Referral

* Status: Subcontractor 2 Agency Name   Contract Amount
Active ∨   0

Services Provided:

* Status: Subcontractor 3 Agency Name   Contract Amount
Inactive ∨   0

Services Provided:

* Status: Subcontractor 4 Agency Name   Contract Amount:
Inactive ∨   0
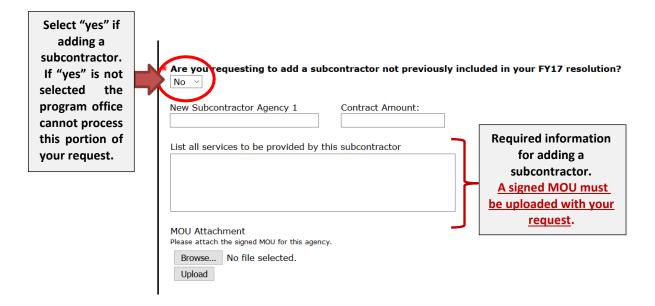
Services Provided:

10. To remove a subcontractor, select "yes" from the corresponding drop-down menu. The information regarding the subcontractor's agency name, a justification for removal of service and how you plan on continuing to provide that service, as well as the termination letter that was provided to the subcontractor must all be completed:

Select "yes" if terminating a subcontractor. If "yes" is not selected the program office cannot process this portion of your request.

* Are you terminating a subcontractor?
No ∨

Removed Subcontractor Agency
[   ]

Provide a justification for removing service.
Grantee must justify how they will continue to provide the service.
[   ]

Termination Letter Attachment
Please attach the Termination Letter provided to the Subcontractor.
[   ] Browse...
Upload

Required information for terminating a subcontractor. A termination letter must be uploaded with your request.

11. The addition of a subcontractor requires the marking of the correct value from the corresponding "adding a subcontractor" question. A contract amount, in-depth description of services, and a signed MOU must be provided in the fields located after the adding a subcontractor question.

Select "yes" if adding a subcontractor. If "yes" is not selected the program office cannot process this portion of your request.

* **Are you requesting to add a subcontractor not previously included in your FY17 resolution?**
No

New Subcontractor Agency 1   Contract Amount:

List all services to be provided by this subcontractor

Required information for adding a subcontractor. **A signed MOU must be uploaded with your request.**

MOU Attachment
Please attach the signed MOU for this agency.

Browse...   No file selected.
Upload

Budget Modifications:

Background: The Budget Modification portion of the program change form includes a section to change the values within the three HHS subaccounts that your program currently uses. They are broken down into the categories of: Administrative Expenses, Services (which is comprised of Personnel/Labor, OTNP, and Vehicle expenses fields on the approved budget), and TFA. If a program wishes to make a budget modification, they will enter a new value into the corresponding New Amount field. Please note that grantees must provide an explanation for any requested changes to line items. **The Program Office cannot approve budget modifications that do not include an explanation of changes**.

When submitting a budget modification, it is essential that you enter amounts for ALL budget fields, not just the field that is changing. For example: a request that involves only changing the distribution of funds between Services and Admin must also include a new amount of $0.00 for TFA. Without information in all budget sections the SSVF Program Office cannot: a) determine new HHS subaccount amounts, or b) confirm that the new amounts are equal to your total award amount. **Please verify that you have entered totals for all budget fields and ensure that the sum of all fields equals your award amount.** Field amounts cannot exceed limitations set in the NOFA and Final Rule (e.g.
Admin cannot exceed 10% and TFA cannot exceed 50%). All change requests missing this information will be denied by the Program Office.

Additionally, budget explanations must be complete and provide enough detail for the SSVF Program Office to make a decision. Explanations should include where funds are being moved to and from and why the transfer is necessary. **BE SPECIFIC**. Identify all line items affected by the modification. Failure to provide sufficient detail will result in a denied change request.

Example Budget Explanations:

Scenario 1: A grantee is planning to make a budget modification which includes increasing Services from $100,000 to $105,000.
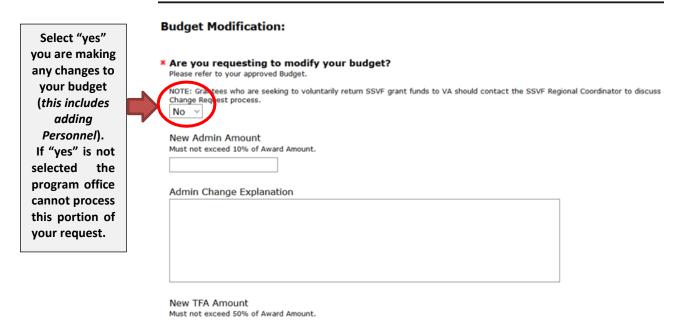Which Services (OTNP, Vehicles, Personnel/Labor) explanation provides sufficient information for the program office staff reviewing this request? (correct answer highlighted in yellow)

- "Reallocating funds due to increased need in our service area."
- "Moving funds from underspent line items to add CARF accreditation expenses to our budget."
- **"Our program is planning to pursue CARF accreditation. In order to do so we are adding a line item for CARF totaling $10,000 (beginning in quarter 3). Funds from supplies ($2,000) and office equipment ($3,000) will be reallocated to this line item due to underspending."**

Scenario 2: A grantee is planning to make a budget modification which includes decreasing ADMIN from $150,000 to $125,000.

Which Admin explanation provides sufficient information for the program office staff reviewing this request? (correct answer highlighted in <mark>yellow</mark>)
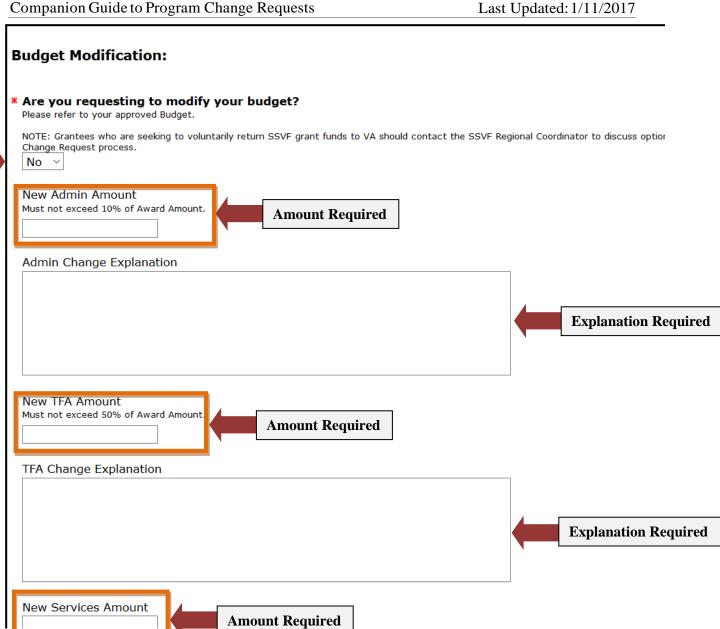
- "Moving funds from admin for other purposes."

- **"Decreasing our bookkeeper line item by $5,000 due to staff turnover; and decreasing IT resources by $10,000. Actual expenses for IT have been lower than projected in our original budget."**

- "General decrease to indirect costs."

12. The correct response for the budget modification should be chosen based upon whether or not your program wishes to change their budget during the program change process. Note: if you are adding a new position (see below "Adding New Positions" section) a budget modification must be completed as well.

<table>
<tr><td>

Select "yes" you are making any changes to your budget (*this includes adding Personnel*). If "yes" is not selected the program office cannot process this portion of your request.

</td><td>

Budget Modification:

✖ **Are you requesting to modify your budget?**
Please refer to your approved Budget.

NOTE: Grantees who are seeking to voluntarily return SSVF grant funds to VA should contact the SSVF Regional Coordinator to discuss Change Request process.

[No ∨]

New Admin Amount
Must not exceed 10% of Award Amount.

[   ]

Admin Change Explanation

[   ]

New TFA Amount
Must not exceed 50% of Award Amount.

</td></tr>
</table>

13. If budget changes are to occur, the new value should be entered into the correct field where the changes should be made. This may involve the increase of one value and the decrease of another. **Even if a change did not take place in a certain category, the previous value should be entered so that the correct total amount will calculate**.

Example of Excel export of a Completed Requirement:

Category	Previous Amount	New Amount
Admin	$14,000.00	$10,000.00
TFA	$100,000.00	$100,000.00
Services	$60,500.00	$64,500.00
Total	$164,500.00	$164,500.00

Budget Modification:

✳ Are you requesting to modify your budget?
Please refer to your approved Budget.

NOTE: Grantees who are seeking to voluntarily return SSVF grant funds to VA should contact the SSVF Regional Coordinator to discuss option
Change Request process.

No ⌄

New Admin Amount
Must not exceed 10% of Award Amount.

⬅ **Amount Required**

Admin Change Explanation

⬅ **Explanation Required**

New TFA Amount
Must not exceed 50% of Award Amount.

⬅ **Amount Required**

TFA Change Explanation

⬅ **Explanation Required**

New Services Amount

⬅ **Amount Required**

14. After entering the new values, verify that the new values will fall within certain percentages such as Admin not exceeding 10% and TFA not exceeding 50%. Then provide a detailed explanation of each change. Please note, the Program Office cannot approve requests that do not contain sufficient detail.

Adding New Positions:

15. New positions can be entered for approval in the second section of the budget modification portion of the form and will be flagged by selecting the appropriate response from the corresponding question. New positions are positions not previously included on your approved budget. Adding a new case manager when your program already has case manager positions list under the Personnel section of your budget is not a new position.

NOTE: This section should be completed in conjunction with the above budget modification section. Do not select "no" for budget modification and "yes" for new positions – both sections must be completed.

Select "yes" if you are adding a new position.

Are you adding a new position?
If yes, please complete the following fields below:

No

| Position Title | FTE | FTE % | Amount |

Position Duties

| Position Title | FTE | FTE % | Amount |

Position Duties:

Required information for all new positions.

16. If a new position is added, the following fields for title, FTE, FTE%, Amount/Salary, and a description of the duties/tasks associated with the position will be required.

17. Once you have completed your program change requirement form and have uploaded all required documentation, please remember to checked the certification box and submit your form to the Program Office.